

<b>Indiana Wing Civil Air Patrol</b> <b>Public Affairs Questionnaire</b>		DATE (dd/mon/yy)	UNIT (or Section) SUBMITTING
<b>COMPLETE APPLICABLE SECTIONS</b>			
ALPHA	<b>WHO:</b> (Sender information) <i>(If squadron, name here)</i> LAST Name		<i>(If squadron, unit charter number here)</i> FIRST Name
	GRADE		
	REMARKS:		
BRAVO	<b>WHAT:</b> (Incident or event relates to what mission, or other)  <input type="checkbox"/> Aerospace Education <input type="checkbox"/> Cadet Programs <input type="checkbox"/> Emergency Services <input type="checkbox"/> Award <input type="checkbox"/> Other (Specify in remarks)		
	REMARKS:		
CHARLIE	<b>WHEN:</b> (Incident or event dates)  Date START:		Date END:
	REMARKS:		
DELTA	<b>WHERE:</b> (Incident or event location) <i>(Include state, city, county, or establishment in remarks)</i>  <input type="checkbox"/> National Activity <input type="checkbox"/> Wing / Region Activity <input type="checkbox"/> Group / Squadron Activity		
	REMARKS:		

ECHO	<b>HOW / WHY / ADDITIONAL:</b> (Additional remarks essential for PA publication)
	REMARKS: